

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2329HHA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/20/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>FAMILY HEALTHCARE SVC EXTENDED</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 WEST CHARLESTON ALVD, SUITE 150 LAS VEGAS, NV 89102</b>		
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H 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as the result of a State licensure survey conducted on May 20, 2009.</p> <p>The state licensure survey was conducted in accordance with Chapter 449, Home Health Agencies, adopted by the State Board of Health November 28, 1973, last amended November 17, 2005.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The census was zero. Zero patient files were reviewed.</p> <p>A Plan of Correction must be submitted. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The following regulatory deficiencies were identified:</p>	H 00			
H152 SS=F	<p>449.782 Personnel Policies</p> <p>A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be</p>	H152			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H152	<p>Continued From page 1</p> <p>reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>6. The maintenance of employee records which confirm that personnel policies are followed; This Regulation is not met as evidenced by: NRS 449.179 (3):</p> <p>Initial and periodic investigations of criminal history of employee or independent contractor of certain agency of facility.</p> <p>3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall:</p> <p>(a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor;</p> <p>(b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and</p> <p>(c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History.</p> <p>Based on employee file review and staff</p>	H152			

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H152	Continued From page 2  interview, the facility failed to comply with NRS 449.179 for 1 of 15 sampled employees (#13).  Findings include:  Record review of Employee #13's file revealed, Employee #13 was hired on 11/13/08. Employee #13's file did not have results of fingerprint background check as required by NRS 449.179 (3).  Interview with the agency's President on 5/20/09 revealed, Employee #13's fingerprints were completed but were not mailed out. The agency's President was unable to verbalize why the cards were not sent to the Central Repository.  Severity: 2 Scope: 3	H152		
H173 SS=C	449.791 Duties of Personnel  5. The physical therapist shall: (a) Assist the physician in the evaluation of the patient by giving functional ability tests. (b) With the physician, help to develop and implement a plan for physical therapy for the patient. (c) Instruct members of the health care team, the patient and his family in the procedures and techniques needed for his physical rehabilitation and maintenance. This Regulation is not met as evidenced by: Based on record review of the position descriptions and staff interview, the agency failed to include a specific job responsibility for physical therapists.  Findings include:  Review of the Physical Therapist Position	H173		

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H173	Continued From page 3  Description (revised 3/27/06) revealed, a lack of documented evidence in which physical therapists shall assist the physician in the evaluation of the patient by giving functional ability tests.  On 5/20/09 in the morning, interview with the President and the Professional Services Director confirmed the lack of documented evidence in which physical therapists shall assist the physician in the evaluation of the patient by giving functional ability tests.  Severity: 1 Scope: 3	H173			
H174 SS=C	449.791 Duties of Personnel  6. The occupational therapist shall: (a) Assist the physician in his evaluation of the patient's level of function and ability to perform activities of daily living. (b) help to develop and implement the patient's care plan. (c) Instruct members of the health care team and family who participate in the patient's occupational therapy. This Regulation is not met as evidenced by: Based on record review of the position descriptions and staff interview, the agency failed to include a specific job responsibility for occupational therapists.  Findings include:  Record review of the Occupational Therapist Position Description (revised 3/27/06) revealed, lacked of documented evidence in which occupational therapists shall instruct members of the health care team and family who participate in the patient's therapy.	H174			

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H174	Continued From page 4  On 5/20/09 in the morning, interview with the President and the Professional Services Director confirmed, the Occupational Therapist Position Description lacked documented evidence in which occupational therapists shall instruct members of the health care team and family who participate in the patient's therapy.  Severity: 1 Scope: 3	H174		
H176 SS=C	449.793 Evaluation by Governing Body  2. A committee shall review all contracts and charters held by the agency to ascertain that: (a) Existing contracts are legal and up to date. (b) The existing contracts meet the needs of all parties involved. This Regulation is not met as evidenced by: Based on staff interview and policy review, the agency failed to formulate a policy statement indicating the agency would review all contracts.  Findings include:  On 5/20/09 in the afternoon, the President and the Professional Services Director indicated Policy #2.007A (last revised April 2007), policy #4.001B (last revised 8/22/01), and the agency's bylaws (approved on 5/25/00) addressed the agency's review of contracts.  Policy #2.007A, policy #4.001B, and the agency's bylaws failed to indicate the necessity of reviewing contracts to ascertain whether existing contracts were legal and up to date and whether existing contracts met the needs of all parties involved.	H176		

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H176	Continued From page 5  Additional policy review failed to address Nevada Administrative Code 449.793(2a) and (2b).  Severity: 1 Scope: 3	H176		
H177 SS=A	449.793 Evaluation by Governing Body  3. A committee shall review the management and office procedures of the agency to ascertain that: (a) The agency is being operated in the most effective and economical means while still giving quality service. (b) All office procedures are up to date, filing is correctly done and bookkeeping is meeting accepted accounting procedures and is current. (c) Equipment is in good repair an adequately meets operational needs. This Regulation is not met as evidenced by: Based on staff interview and policy review, the agency failed to formulate a policy statement indicating it would review its management and office procedures.  Findings include:  On 5/20/09 in the afternoon, the President and the Professional Services Director indicated Policy #4.001B (last revised 8/22/01) and the agency's bylaws (approved on 5/25/00) addressed the agency's review of management and office procedures.  Policy #4.001B and the agency's bylaws failed to indicate the necessity of reviewing management and office procedures to ascertain whether all office procedures were up to date, filing was correctly done, bookkeeping was current and meeting acceptable accounting practices, and office equipment was adequate and operational.	H177		

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H177	Continued From page 6  Additional policy review failed to address Nevada Administrative Code 449.793(3b) and (3c).  Severity: 1 Scope: 1	H177			
H186 SS=C	449.797 Contents of Clinical Records  Clinical records must contain: 3. A clinical summary from the hospital, skilled nursing facility or other health service facility from which the patient is transferred to the home health agency. This Regulation is not met as evidenced by: Based on policy review and interview, the agency failed to meet the general requirements for clinical records.  Findings include:  Review of the agency's policy and procedure on Contents of Clinical Record Policy #7.012(effective 2/21/01) revealed, lacked of documented evidence in which clinical records must contain a clinical summary from the hospital, skilled nursing facility or other health service facility from which the patient is transferred to the home health agency.  The agency's policy and procedure stated:  The minimum contents of the clinical record includes: A. Patient's name, sex, address, phone number, date of birth, and his/her legal authorized representative, if applicable. B. Information as to whether home health services after hospitalization in a hospital, skilled nursing facility or other health service facility and, if so, the dates of admission and discharge from these facilities.	H186			

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H186	Continued From page 7  C. Name, telephone number, and address of family/caregiver and patient representative to be contacted in the event of an emergency/death. D. Patient's primary diagnosis and prognosis. E. Legible, complete and individualized diagnostic and therapeutic orders signed by the physician within 20 working days (cross reference Policy No:3-002 and 4-003). F. Dietary restrictions, if any. G. Medication allergies or sensitivities. H. Suitability or adaptability of the home to planned services. I. Safety measures to protect the patient from injury. J. Notes for each service provided, indicating date, agency personnel and care provided. K. Record and findings of initial and ongoing assessments. L. A plan for patient care which includes: a. Objectives and approaches for providing services. b. Diagnoses of all medical conditions relevant to a plan of treatment. c. Physical traits pertinent to the plan of care. d. Nursing services required and the level of care and frequency of visits, special care which is required, such as dressing and catheter changes, and specific observations to be brought to the physician's attention. e. Requirements of therapy, such as physical, speech, occupational or inhalation therapy with specific instructions for each. f. Requirements of activity, such as the degree allowed and any assistance required. g. Medical appliances needed, such as crutches, walkers, braces or equipment for respiratory care. h. Nutritional needs. i. Medical supplies needed, such as	H186			

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H186	Continued From page 8  dressings or irrigation sets. j. The degree of participation of the family in the care. k. A copy of the patient's durable power of attorney.  On 5/20/09, interview with the President and the Professional Services Director confirmed lacked of documented evidence in the agency's policy in which, clinical records must contain a clinical summary from the hospital, skilled nursing facility or other health service facility from which the patient is transferred to the home health agency.  Severity: 1 Scope: 3	H186			
H189 SS=C	449.797 Contents of Clinical Records  6. Nurses' notes that follow a good medical format, including pertinent observations regarding a patient's physical and mental status, procedures done, examinations, dietary status and recommendations. This Regulation is not met as evidenced by: Based on policy review and staff interview, the agency failed to meet the general requirements for clinical records.  Findings include:  Review of the policy and procedure on the Contents of the Clinical Record Policy #7.012 (effective date 2/21/01) revealed, lacked of documented evidence in which clinical records must contain nurses' notes that follow a good medical format, including pertinent observations regarding a patient's physical and mental status, procedures done, examinations, dietary status and recommendations.	H189			

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H189	<p>Continued From page 9</p> <p>The agency's policy and procedure stated:</p> <p>The minimum contents of the clinical record includes:</p> <p>A. Patient's name, sex, address, phone number, date of birth, and his/her legal authorized representative, if applicable.</p> <p>B. Information as to whether home health services after hospitalization in a hospital, skilled nursing facility or other health service facility and, if so, the dates of admission and discharge from these facilities.</p> <p>C. Name, telephone number, and address of family/caregiver and patient representative to be contacted in the event of an emergency/death.</p> <p>D. Patient's primary diagnosis and prognosis.</p> <p>E. Legible, complete and individualized diagnostic and therapeutic orders signed by the physician within 20 working days (cross reference Policy No:3-002 and 4-003).</p> <p>F. Dietary restrictions, if any.</p> <p>G. Medication allergies or sensitivities.</p> <p>H. Suitability or adaptability of the home to planned services.</p> <p>I. Safety measures to protect the patient from injury.</p> <p>J. Notes for each service provided, indicating date, agency personnel and care provided.</p> <p>K. Record and findings of initial and ongoing assessments.</p> <p>L. A plan for patient care which includes:</p> <ol style="list-style-type: none"> <li>Objectives and approaches for providing services.</li> <li>Diagnoses of all medical conditions relevant to a plan of treatment.</li> <li>Physical traits pertinent to the plan of care.</li> <li>Nursing services required and the level of care and frequency of visits, special care which is required, such as dressing and catheter changes, and specific</li> </ol>	H189			

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H189	Continued From page 10  observations to be brought to the physician's attention. e. Requirements of therapy, such as physical, speech, occupational or inhalation therapy with specific instructions for each. f. Requirements of activity, such as the degree allowed and any assistance required. g. Medical appliances needed, such as crutches, walkers, braces or equipment for respiratory care. h. Nutritional needs. i. Medical supplies needed, such as dressings or irrigation sets. j. The degree of participation of the family in the care. k. A copy of the patient's durable power of attorney.  On 5/20/09, interview with the President and the Professional Services Director revealed, the agency's policy on the clinical records lacked documented evidence in which, it must contain nurses' notes that follow a good medical format, including pertinent observations regarding a patient's physical and mental status, procedures done, examinations, dietary status and recommendations.  Severity: 1 Scope: 3	H189		
H190 SS=C	449.797 Contents of Clinical Records  7. Therapist's notes, if applicable, stating the rehabilitative procedures, progress and the types, duration and frequency of the modalities rendered. This Regulation is not met as evidenced by: Based on policy review and staff interview, the agency failed to meet the general requirements for clinical records.	H190		

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H190	<p>Continued From page 11</p> <p>Findings include:</p> <p>Record review of the agency's policy of Contents of the Clinical Record Policy #7.012(effective 2/21/01) revealed, the agency lacked documented evidence in which clinical records must contain therapists' notes, if applicable, stating the rehabilitative procedures, progress and the types, duration and frequency of the modalities rendered.</p> <p>The agency's policy and procedure indicated:</p> <p>The minimum contents of the clinical record includes:</p> <p>A. Patient's name, sex, address, phone number, date of birth, and his/her legal authorized representative, if applicable.</p> <p>B. Information as to whether home health services after hospitalization in a hospital, skilled nursing facility or other health service facility and, if so, the dates of admission and discharge from these facilities.</p> <p>C. Name, telephone number, and address of family/caregiver and patient representative to be contacted in the event of an emergency/death.</p> <p>D. Patient's primary diagnosis and prognosis.</p> <p>E. Legible, complete and individualized diagnostic and therapeutic orders signed by the physician within 20 working days (cross reference Policy No:3-002 and 4-003).</p> <p>F. Dietary restrictions, if any.</p> <p>G. Medication allergies or sensitivities.</p> <p>H. Suitability or adaptability of the home to planned services.</p> <p>I. Safety measures to protect the patient from injury.</p> <p>J. Notes for each service provided, indicating date, agency personnel and care provided.</p>	H190			

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H190	<p>Continued From page 12</p> <p>K. Record and findings of initial and ongoing assessments.</p> <p>L. A plan for patient care which includes:</p> <ul style="list-style-type: none"> <li>a. Objectives and approaches for providing services.</li> <li>b. Diagnoses of all medical conditions relevant to a plan of treatment.</li> <li>c. Physical traits pertinent to the plan of care.</li> <li>d. Nursing services required and the level of care and frequency of visits, special care which is required, such as dressing and catheter changes, and specific observations to be brought to the physician's attention.</li> <li>e. Requirements of therapy, such as physical, speech, occupational or inhalation therapy with specific instructions for each.</li> <li>f. Requirements of activity, such as the degree allowed and any assistance required.</li> <li>g. Medical appliances needed, such as crutches, walkers, braces or equipment for respiratory care.</li> <li>h. Nutritional needs.</li> <li>i. Medical supplies needed, such as dressings or irrigation sets.</li> <li>j. The degree of participation of the family in the care.</li> <li>k. A copy of the patient's durable power of attorney.</li> </ul> <p>On 5/20/09, interview with the President and the Professional Services Director revealed, the agency's policy did not include that therapists' notes, if applicable, must contain rehabilitative procedures, progress and the types, duration and frequency of the modalities rendered.</p> <p>Severity: 1 Scope: 3</p>	H190			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2329HHA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/20/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>FAMILY HEALTHCARE SVC EXTENDED</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 WEST CHARLESTON ALVD, SUITE 150 LAS VEGAS, NV 89102</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H191	Continued From page 13	H191		
H191 SS=C	<p>449.797 Contents of Clinical Records</p> <p>8. A written evaluation for services made at the time the patient is admitted for care. Regular written reevaluations for services and assessments of patients made on a continuing basis.</p> <p>This Regulation is not met as evidenced by: Based on policy review and staff interview, the agency failed to meet the general requirements for clinical records.</p> <p>Findings include:</p> <p>Record review of the Contents of the Clinical Record Policy #7.012 (effective 2/21/01) revealed, the agency lacked documented evidence in which clinical records must contain a written evaluation for services made at the time the patient is admitted for care. Regular written re-evaluations for services and assessments of patients made on a continuing basis.</p> <p>The agency's policy and procedure indicated:</p> <p>The minimum contents of the clinical record includes:</p> <p>A. Patient's name, sex, address, phone number, date of birth, and his/her legal authorized representative, if applicable.</p> <p>B. Information as to whether home health services after hospitalization in a hospital, skilled nursing facility or other health service facility and, if so, the dates of admission and discharge from these facilities.</p> <p>C. Name, telephone number, and address of family/caregiver and patient representative to be contacted in the event of an emergency/death.</p> <p>D. Patient's primary diagnosis and prognosis.</p> <p>E. Legible, complete and individualized</p>	H191		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2329HHA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/20/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>FAMILY HEALTHCARE SVC EXTENDED</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 WEST CHARLESTON ALVD, SUITE 150 LAS VEGAS, NV 89102</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H191	Continued From page 14  diagnostic and therapeutic orders signed by the physician within 20 working days (cross reference Policy No:3-002 and 4-003). F. Dietary restrictions, if any. G. Medication allergies or sensitivities. H. Suitability or adaptability of the home to planned services. I. Safety measures to protect the patient from injury. J. Notes for each service provided, indicating date, agency personnel and care provided. K. Record and findings of initial and ongoing assessments. L. A plan for patient care which includes: a. Objectives and approaches for providing services. b. Diagnoses of all medical conditions relevant to a plan of treatment. c. Physical traits pertinent to the plan of care. d. Nursing services required and the level of care and frequency of visits, special care which is required, such as dressing and catheter changes, and specific observations to be brought to the physician's attention. e. Requirements of therapy, such as physical, speech, occupational or inhalation therapy with specific instructions for each. f. Requirements of activity, such as the degree allowed and any assistance required. g. Medical appliances needed, such as crutches, walkers, braces or equipment for respiratory care. h. Nutritional needs. i. Medical supplies needed, such as dressings or irrigation sets. j. The degree of participation of the family in the care. k. A copy of the patient's durable power of attorney.	H191			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2329HHA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/20/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>FAMILY HEALTHCARE SVC EXTENDED</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 WEST CHARLESTON ALVD, SUITE 150 LAS VEGAS, NV 89102</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H191	Continued From page 15  On 5/20/09, interview with the President and the Professional Service Director revealed, the agency's policy lacked documented evidence in which the clinical records must contain a written evaluation for services made at the time the patient is admitted for care, to include regular written re-evaluations for services and assessment of patients made on a continuing basis.  Severity: 1 Scope: 3	H191		
H194 SS=C	449.800 Medical Orders  1. A complete diagnosis must be included with the medical orders as well as any relevant problems.. This Regulation is not met as evidenced by: Based on staff interview and policy review, the agency failed to formulate a policy statement indicating the necessity of including a diagnosis with medical orders.  Findings include:  On 5/20/09 in the afternoon, the Professional Services Director indicated Policy #3.008B (revised on 5/25/00) addressed the medical orders section of state regulations.  Policy #3.008B failed to indicate the necessity of including a diagnosis with medical orders.  Additional policy review failed to address Nevada Administrative Code 449.800(1).  Severity: 1 Scope: 3	H194		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.